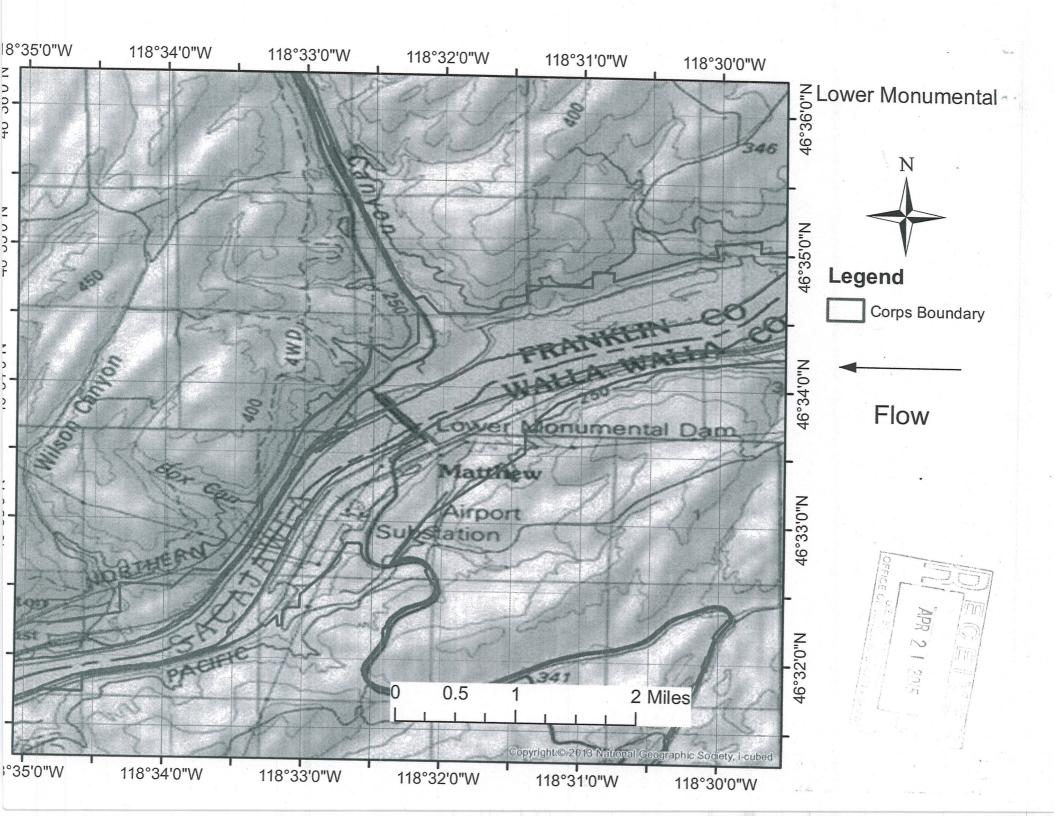
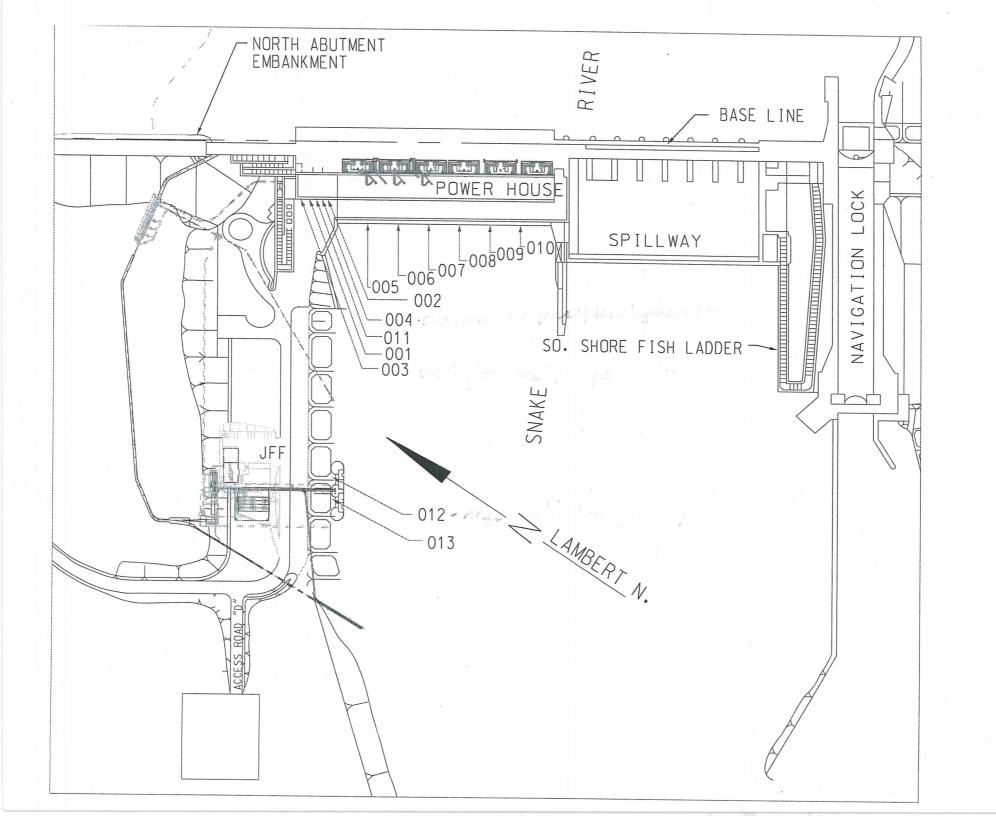
CPermit Application Review Checklist

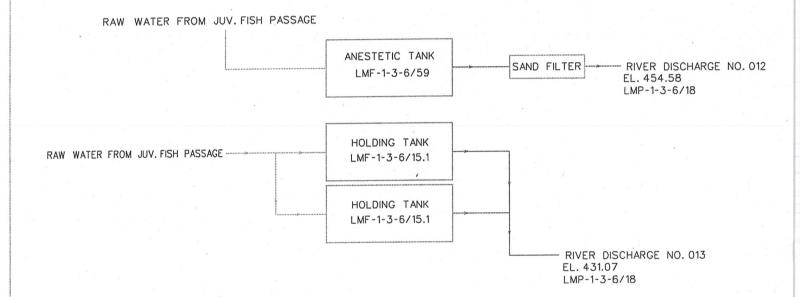
Part (1) Application Receipt and Registration *To be completed by the Permit Clerk*	<u>n</u>
Facility Name: Lower Monumental Lock and Dam	
Permit Number:	
Date Reminder Letter Sent for Additional Information:	None
Date of Postmark on Application Submittal:	4/21/2015
Date Application is Received in OWW:	4/21/2015
Note: Application transmittal letter and the first three pages of the application are to be copied. The original transmittal letter, the first three pages of the application, and the envelope /package /email it was received in or attached to, are to be filed in the permit file (For bulky mailing packages, it will suffice to cut out the portion of the mailing label with the address and postmarked date.) If no file exists, a file is to be created. The copied version of the transmittal letter and the copied version of the first three pages of the application along with the rest of the original application and this check-list are to be routed.	
Date application package and Checklist are routed to Review Coordinator:	5/4/2015
Date Application Information logged into E-database:	5/4/2015
Permit Clerk Sign off & Date:	5/4/15
Part (2) Application Review for Timeliness & Com *To be completed by Review Coordinator*	
Permit Writer of the Month (name): John Abbotts	2
A. If Application is determined to be Timely and Complete:	
 Date Determination letter sent to Applicant: Go to C. below 	
B. If Application is determined to be Incomplete:	

1. Date Incomplete letter sent to Applicant:	
2. Date additional information is due to R10:	
3. Date additional information is received:	
4. Date Application is determined complete:	
5. Date Timely & Complete letter sent to Applicant:	
6. Go to C below	
 C. Check for Industrial Storm water: Is the facility an Industrial Facility? A municipal discharger discharging greater than 1 MGD? Or Has a required pretreatment program? If yes, check Industrial E-NOI Database to see if the facility has a MSGP. http://cfpub.epa.gov/npdes/stormwater/noi/noisearch.cfm If facility does have a MSGP, include Note for Permit writer in the Comment Section (below) to alerting them to coordinate with Margaret McCauley on opportunities to consolidate the permits. 	
5. Go to E	
 D. If Application is submitted after the expiration date: 1. Date expiration letter sent to Applicant 2. Go to E below 	
E. Date package is routed to NCU Database Manager: (Note: NCU Database Manager is to receive copies of <u>all</u> correspondence along with application and this checklist)	
Application Information logged into E-database	× 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Review Coordinator Sign off and Date	
Part (3) ICIS/PCS Database Entry *To be completed by NCU Database Manager*	
Date NCU Database Manager receives permit application package:	
Date NCU Database Manager gives application to Data Entry Staff:	

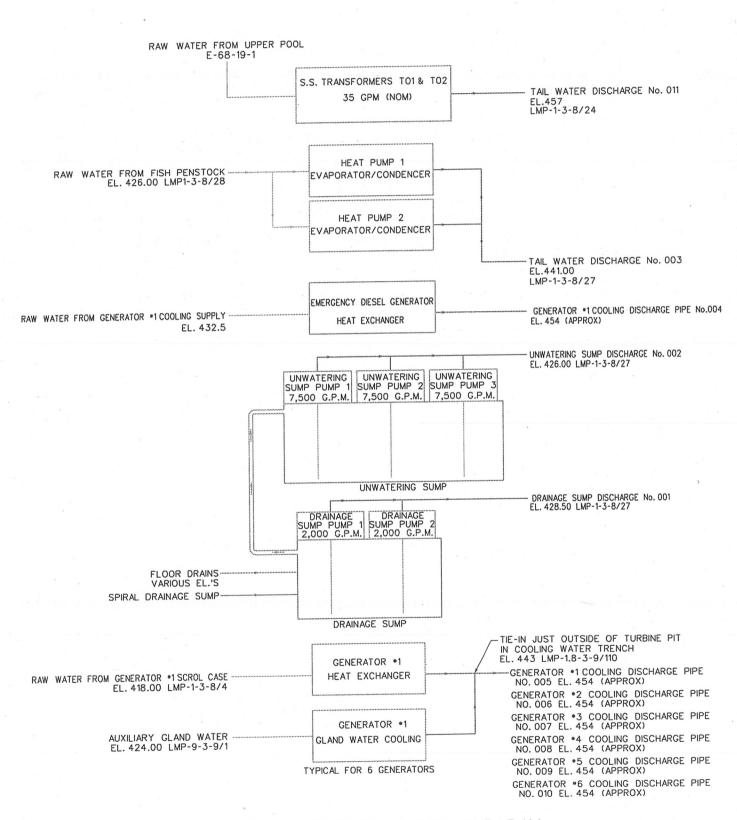
Data-entry Staff (name):
Date permit information is entered into ICIS/PCS:
Date permit information is returned to NCU Database Manager:
Date application, letters and this Checklist are routed to Permit Clerk:
Date Application Information logged into E-database:
NCU Database Manager Sign off & Date
Part (4) Final Filing of Application in Permit File
To be completed by Permit Clerk
Date Application, letters and checklist are filed in Permit File:
Date final information on application review process entered into E-database:
Permit Clerk Sign off & Date:
Comment Section:







LOWER MONUMENTAL LOCK AND DAM JFF PROCESS WATER BLOCK DIAGRAM



LOWER MONUMENTAL LOCK AND DAM POWERHOUSE PROCESS WATER BLOCK DIAGRAM

	اد د د د د د د د د د د د د د د د د د د	Lareas only					Form Approved. OMB No. 2040-00	86.		
	ype in the unshaded	IIS ENVIROI	NMEN	ITAL F	ROTECTIO	ON AGENCY	I. EPA I.D. NUMBER			T/A C
FORM	O EDA	GENI	ERA	LINE	ORMAT	ION	F			D
1	\$EPA	Con (Read the "G	solida Teneral	ted Pe I Instru	rmits Progr ctions" befo	am re starting.)	1 2			14 15
GENERAL		(Redd Inc. C	C/IC/ GI	/A	77 0 75	7.72	GENERAL INSTRUC	rovided.	affix	it in the
	LITEMS	$ D\rangle_{r}$	E	<u>V2.</u>	ELY	与的	designated space. Review the informatic incorrect, cross through it and enter appropriate fill-in area below. Also, if a	ation ca or the c	refully; orrect d	ata in the
	NUMBER		DI AC	DD.	EL IN THIS	SPACE	is absent (the area to the left of the	ne labe se provi	n <i>space</i> de it in	the proper
III. FACILITY		PLEASE	rujo	FHL	E-1, 50	3	fill-in area(s) below. If the label is coneed not complete Items I, III, V, armust be completed regardless). Com	na vi (6 nlete al	items	if no label
V. FACILITY ADDRES	Y MAILING SS	OFFIC	U. E Oi	S E		ENSHERS	has been provided. Refer to the inst descriptions and for the legal author	ructions	tor de	alled item
VI. FACILITY	Y LOCATION	-					data is collected.			
II. POLLUTAN	T CHARACTERISTI	CS				and an ligation forms to	the EPA If you answer "yes" to an	y ques	tions,	you must
submit this for	m and the supplem	ough J to determine whether ental form listed in the parer , you need not submit any of of the instructions for definitio	these	forms bold-f	. You may a aced terms	answer "no" if your activity is	the EPA. If you answer "yes" to an he third column if the supplemen excluded from permit requirements	tal forrs; see S	n is at Section	
mondono			YES	Mark NO	FORM ATTACHED	SPECIFI	C QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facili results in a	SPECIFIC QUE ity a publicly owner discharge to water	ed treatment works which es of the U.S.? (FORM 2A)		X	ATTACKED	include a concentrated	ty (either existing or proposed) d animal feeding operation or ction facility which results in a		X 20	21
		·	16	17	18	discharge to waters of	the U.S.? (FORM 2B) y (other than those described in A	19	20	
C. Is this a fa	cility which currentl	y results in discharges to those described in A or B	X			or B above) which will retain the U.S.? (FORM 2D)	esult in a discharge to waters of	25	26	27
above? (FC	ORM 2C)		22	23	24	5 Da way or will you in	ject at this facility industrial or	25		
E. Does or v	will this facility tre wastes? (FORM 3	eat, store, or dispose of)	, ,	X		municipal effluent be	guarter mile of the well bore,		X	33
			28	29	30	LL De vou er will you inje	drinking water? (FORM 4) ct at this facility fluids for special	31	32	
or other f	fluids which are to with conventional of	facility any produced water orought to the surface in oil or natural gas production, d recovery of oil or natural ge of liquid hydrocarbons?		×		processes such as mining	ng of sulfur by the Frasch process, erals, in situ combustion of fossil hermal energy? (FORM 4)		×	
(FORM 4)			34	35	36	I is this facility a propo	sed stationary source which is	37	38	39
of the 28 in	ndustrial categories	ionary source which is one listed in the instructions and 0 tons per year of any air Clean Air Act and may affect		×		NOT one of the 28 i	ndustrial categories listed in the will potentially emit 250 tons per regulated under the Clean Air Act located in an attainment area?		44	45
or be locat	ed in an attainment	area? (FORM 5)	40	41	42	(FORM 5)	located in an attainment area.			
	F FACILITY									
	Lower Monur	mental Lock and	Dat	m 		, ,		69		
15 16 - 29 31 IV. FACILIT										
		A. NAME & TITLE (las	t, first,	& title	2)		B. PHONE (area code & no.)	(A)		
c Witha	m, Robert,	Operations Mar	nage	er'		45	(509) 282-7251 46 48 49 51 52	/55 /	<u>\</u>	
V. FACILTY	MAILING ADDRESS	3								No.
c		A. STREET OR F	P.O. B	OX T					-34	\mathcal{A}
3 PO BO	0X 10					C. STATE	D. ZIP CODE	-7	4	<u>. / </u>
c Kahlo	TTTT	B. CITY OR TOWN	П			WA WA	99335	X	V,	
15 16						40 41 42	47 51			
VI. FACILIT	TY LOCATION	REET, ROUTE NO. OR OTH	IFR S	PECIF	IC IDENTIF	FIER		Na		700
c 5 5 5520	Devil's Ca		T.				45		397	
15 16	-	B. COUN	TY NA	ME						
	in County						70	CODE	- /:£1_	num)
46		C. CITY OR TOWN			· ·	D. STATE	E. ZIP CODE F. COUNTY	CODE	= (if kn	ownj
c Kahl	otus		1 1	ı	1 1 1	WA WA	99335	-54	1	

CONTINUED FROM THE FRONT	
VII. SIC CODES (4-digit, in order of priority) A. FIRST	B. SECOND
C (specify)	C (specify)
C. THIRD	D. FOURTH
7 N/A (SPECIFY)	7 N/A (specify)
VIII. OPERATOR INFORMATION A. NAME	B.Is the name listed in Item
8 US Army Corps of Engineers	VIII-A also the owner? ✓ YES □ NO
15 16 C. STATUS OF OPERATOR (Enter the appropriate letter into the	answer box: if "Other," specify.) D. PHONE (area code & no.)
	pecify) Column
E. STREET OR P.O. BOX PO Box 10	
26	G, STATE H, ZIP CODE IX, INDIAN LAND
F. CITY OR TOWN B Kahlotus	WA 99335 ☐ YES ☑ NO
15 16	40 41 42 47 - 51
X. EXISTING ENVIRONMENTAL PERMITS A. NPDES (Discharges to Surface Water) D. PSD (Air En	nissions from Proposed Sources)
9 N 9 P	30
15 18 17 18 B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
C T I <td> (specify)</td>	(specify)
C. RCRA (Hazardous Wastes)	E. OTHER (specify)
9 R WA0960014496 9	
15 16 17 18	30
leastion of each of its existing and proposed intake and discharge structures, each	mile beyond property boundaries. The map must show the outline of the facility, the of its hazardous waste treatment, storage, or disposal facilities, and each well where it
injects fluids underground. Include all springs, rivers, and other surface water bodies XII. NATURE OF BUSINESS (provide a brief description)	in the map area. See instructions for precise requirements.
	APR 2 1 2015
	1 L 499 3
	LOFFICE OF SET 2015 11
	TIE CISHED
XIII. CERTIFICATION (see instructions)	
Leastify under papelty of law that I have personally examined and am familiar with t	he information submitted in this application and all attachments and that, based on my inned in the application, I believe that the information is true, accurate, and complete. I
A. NAME & OFFICIAL TITLE (type or print) B. SIGNATURE	
LTC Timothy R. Vail District Commander	h
DISCITCE Commander	
COMMENTS FOR OFFICIAL USE ONLY	
C C	
15 16	55

		L.J.J.	oah	EPA ID N	lumber (co	by from Item 1 of Form 1)		ved. OMB No. 20 pires 5-31-92.	40-00	36.
NPDES	EPA			Vhic	h Do	Not Dischar	ge Process	s Waste	wa	iter
I. RECEIVING WAT										
	F	or this	outfall, list th	e latitu	de and	longitude, and name	of the receiving	water(s).		
Outfall		Latitude		Longitude	e F	Receiving Water (name)				
Number (list)	Deg	Min	Sec Deg	Min	Sec					
001	46.00	33.0(51.0(118.	32.00	26.00	Snake River				
II. DISCHARGE DA	TE (If a	new dis	charger, the dat 5/28/1969	te you ex	pect to be	egin discharging)	C			
III. TYPE OF WAST	E									
A. Check the box(e	s) indica	ting the	general type(s)	of waste	s dischar	ged.		Other New	nrees	See FLo
☐ Sanitary Wast			staurant or Cafe			☐ Noncontact C		Other Non Wastewate		55
B. If any cooling wa	ter addi	tives are	used, list them	here. Br	iefly desc	ribe their composition if the	nis information is ava	ilable.		
authority (see	e instruc	Provide	measurements	he naran	neters list	rs listed in the left-hand c ed in the left-hand column de the source of estimate	n below, unless waiv	ed by the permi		tting
			Ma	(1) aximum		(2 Averag		(3)	(or,	(4)
Pollutant o			Dai	ly Value ude units)		Value (la (include	ast year)	Number of Measurement	S	Source of Estim
Talallioto			Mass		ncentration	Mass	Concentration	Taken (last year)		(if new discharg
Biochemical Oxygen Demand (BOD)		0.	.00 lbs/day	<2	.0 mg/1	L 0.00 lbs/day	<2.0 mg/L	1.00		
Total Suspended Solid	is (TSS)	67	7.251bs/day	y 2.	8 mg/L	62.351bs/day	2.8 mg/L	1.00	_	
Fecal Coliform (if belie or if sanitary waste is	ved pres discharge	ent ed)	NA		NA .	NA	NA	0.00		
Total Residual Chlorin chlorine is used)	e (if	0	.00 lbs/day	y <0.	.05 mg/	L 0.00 lbs/day	<0.05 mg/L	1.00		and the second s
Oil and Grease		0	.0 lbs/day	<1	.0 mg/	L 0.0 lbs/day	<1.0 mg/L	1.00	4	
*Chemical oxygen der	mand (CC	DD) 2	02.01bs/day	у 8.	41 mg/	L 187.3lbs/day	8.41 mg/L	1.00		
*Total organic carbon	(TOC)	5:	1.881bs/da	y 2.	16 mg/	L 48.10lbs/day	2.16 mg/L	1.00		
Ammonia (as N)			.00 lbs/da	y <0.	.03 mg/		<0.03 mg/L	1.00	_	
Discharge Flow		Va	ilue 200	00 GPM		2.67	MGD			

2000 GPM

7.00-8.00

°C

20.10_{°C}

Value

1.00

0.00

1.00

°C

°C

Discharge Flow

pH (give range)

Temperature (Winter)

Temperature (Summer)

* * * * * * * * * * * * * * * * * * *	
	☐ No
If yes, briefly describe the frequency of flow and duration. The drainage sump collects water from floor drains, turbine pits, leakage and miss dam. There are two pumps, each capable of discharging 2000 gpm for the drainage stam. There are two pumps, each capable of discharge sump. During the summer when cycle on and off to maintain level in the discharge sump. During the summer when drainage sump are relatively low the pumps run a combined average of 12.5 hours put the winter when flows are high, both pumps run continuously. Over the course of the pumps run a combined average of 22.25 hours per day.	er day During
the tweet system(e) used or to be used)	
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
N/A	
	p
VII. OTHER INFORMATION (Optional) Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other in should be considered in establishing permit limitations. Attach additional sheets, if necessary.	
During the winter months the two drainage sump pumps are not able to keep up wit When levels in the drainage sump reach a certain level they overflow into the un are discharged into the Snake River by seperate pumps in the unwatering sump.	h the inflows. watering sump and
Please see attached sheet for additional information.	
	*
VIII. CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my direction or supervision. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision.	ision in accordance with a
I certify under penalty of law that this document and all attachments were prepared under my direction of superior system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on persons who manage the system, or those persons directly responsible for gathering the information, the information my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting the possibility of fine and imprisonment for knowing violations.	false information, including
	B. Phone No. (area code
A. Name & Official Title	& no.) (509) 527-7700
LTC Timothy R. Vail District Commander	D. Date Signed
C. Signature	D. Date Signed

Page 2 of 2

Please print or type in	the unsh	aded areas	s only.	EPA	ID Number (co	py from Item 1 of Form 1)		expires 5-31-92.	2040-0	JUS6.	
FORM 2E SE	PA	Fac	ilities	s Wh	ich Do	Not Discha	rge Proces	s Wast	ew	ater	
I. RECEIVING WATE	ERS										
	For	r this ou	ıtfall, lis	t the la	titude and	longitude, and nam	e of the receiving	g water(s).			
Outfall Number (list)	La	atitude		Longi	1	Receiving Water (name)					
	Deg	Min S	Sec De	eg Mi	n Sec						
002 4	6.00	33.0(5	1.0(11	8.(32	.0(25.00	Snake River					
II. DISCHARGE DATE	E (If a ne		arger, the 28/196		expect to b	egin discharging)					
III.TYPE OF WASTE											
A. Check the box(es)	indicatir	ng the ger	neral type	e(s) of wa	astes dischar	ged.					-
☐ Sanitary Wastes		☐ Resta	urant or 0	Cafeteria	Wastes	☐ Noncontact	Cooling Water	Other No Wastewa			121
B. If any cooling water	r additiv	es are us	ed, list th	em here	Briefly desc	ribe their composition if	this information is ava	ailable.			
IV. EFFLUENT CHAR A. Existing Source authority (see in	es — P	Provide me	easureme	ents for the	ne paramete	rs listed in the left-hand	column below, unless	waived by the	perm	nitting	
B. New Discharge	ers — P	rovide es	timates for	or the pa	rameters list	ed in the left-hand colum de the source of estimate	n below, unless waiv ed values (see instruc	ed by the perm	nitting)	
Pollutant or Parameter			[(1) Maximum Daily Valu	е	Average Value (2) ge Daily ast year) le units)	(3) Number of Measuremen		Source	(4) of Estimate
			Mass		Concentration	Mass	Concentration	Taken (last year)		(II new C	discharger)
Biochemical Oxygen Demand (BOD)		0.0	lbs/da	ay	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00			
Total Suspended Solids (TSS)	288.	2lbs/d	lay	3.2 mg/L	161.7lbs/day	3.2 mg/L	1.00			
Fecal Coliform (if believed or if sanitary waste is disc			NA		NA ·	NA	ΝA	0.00		2	
Total Residual Chlorine (il chlorine is used)	f	0.0	lbs/da	ay <	0.05 mg/	L 0.0 lbs/day	<0.05 mg/L	1.00			
Oil and Grease		0.0	lbs/da	ay	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00			
*Chemical oxygen deman	d (COD)	0.0	lbs/da	ау	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00			5641 N. W. L. & C.
*Total organic carbon (TO	OC)	144.	1lbs/d	ay	1.6 mg/L	81.9lbs/day	1.6 mg/L	1.00			*
Ammonia (as N)		0.0	lbs/da	ay <	0.03 mg/	L 0.0 lbs/day	<0.03 mg/L	1.00			
Discharge Flow		Value	7.	500 gp	m	6.06	MGD	1.00			
pH (give range)		Value	7.	00-8.	00			1.00			
Temperature (Winter)						°C	°C	0.00	1	. //	
Temperature (Summer)					16.70	°C	°C	1.00			

Except for leaks or spills, will the discharge described in this form be intermittent or seasons	✓ Yes	□ No	
If yes, briefly describe the frequency of now and duration.			
tfall 002 is the Powerhouse unwater sump.			
e unwatering sump runs intermittently Over the course of an entimbined average of 13.5 hours per day.	re year the	e pumps run a	
mbined average of 13.3 hours F			
TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)			St. 150
TREATMENT SYSTEM (Describe briefly dry)			
'A			
TORNATION (Optional)		The first state of the first sta	
II. OTHER INFORMATION (Optional) Like the case below to expand upon any of the above questions or to bring to the attention of the recognition.	reviewer any other	er information you feel	
Use the space below to expand upon any of the above questions or to bring to the attention of the r should be considered in establishing permit limitations. Attach additional sheets, if necessary.	reviewer any othe	er information you feel	
should be considered in establishing points in the should be considered in the should be considered in establishing points in the should be considered in the should be cons	reviewer any othe	er information you feel	
should be considered in establishing porms.	reviewer any othe	er information you feel	
should be considered in establishing points in the should be considered in the should be considered in establishing points in the should be considered in the should be cons	reviewer any othe	er information you feel	
should be considered in establishing porms.	reviewer any othe	er information you feel	
should be considered in establishing points in the should be considered in the should be considered in establishing points in the should be considered in the should be cons	reviewer any othe	er information you feel	
should be considered in establishing porms.	reviewer any othe	er information you feel	
should be considered in establishing porms.	reviewer any othe	er information you feel	
should be considered in establishing porms.	reviewer any other	er information you feel	
should be considered in establishing points in the should be considered in the should be considered in establishing points in the should be considered in the should be cons	reviewer any other	er information you feel	
should be considered in establishing points in the should be considered in the should be considered in establishing points in the should be considered in the should be cons	reviewer any other	er information you feel	
should be considered in establishing points in the should be considered in the should be considered in establishing points in the should be considered in the should be cons	reviewer any other	er information you feel	
should be considered in establishing points in the should be considered in the should be considered in establishing points in the should be considered in the should be cons	reviewer any other	er information you feel	
should be considered in establishing point and the stablishing point a			
should be considered in establishing point and the stablishing point a		equipies in accordance	e with
VIII. CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my system designed to assure that qualified personnel properly gather and evaluate the information system designed to assure that qualified persons directly responsible for gathering the information of the persons who manage the system, or those persons directly responsible for gathering the information of the persons who manage the system, or those persons directly responsible for gathering the information of the persons who manage the system, or those persons directly responsible for gathering the information of the persons who manage the system, or those persons directly responsible for gathering the information of the persons who manage the system, or those persons directly responsible for gathering the information of the persons who manage the system, or those persons directly responsible for gathering the information of the persons who manage the system.	direction or supsubmitted. Based	pervision in accordance	
VIII. CERTIFICATION VIII. CERTIFICATION	direction or supsubmitted. Based	pervision in accordance d on my inquiry of the p ation submitted is to th tting false information,	includin
VIII. CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my system designed to assure that qualified personnel properly gather and evaluate the information spersons who manage the system, or those persons directly responsible for gathering the information my knowledge and belief, true, accurate, and complete. I am aware that there are significant per the possibility of fine and imprisonment for knowing violations.	direction or supsubmitted. Based	pervision in accordance of on my inquiry of the pation submitted is to the ting false information, B. Phone No. & no.)	includin
VIII. CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my system designed to assure that qualified personnel properly gather and evaluate the information system designed to assure that qualified personnel properly gather and evaluate the information of persons who manage the system, or those persons directly responsible for gathering the information my knowledge and belief, true, accurate, and complete. I am aware that there are significant per the possibility of fine and imprisonment for knowing violations. A. Name & Official Title	direction or supsubmitted. Based	pervision in accordance don my inquiry of the pation submitted is to the titing false information, B. Phone No.	includin
VIII. CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my system designed to assure that qualified personnel properly gather and evaluate the information of the persons who manage the system, or those persons directly responsible for gathering the information of the possibility of fine and imprisonment for knowing violations.	direction or supsubmitted. Based	pervision in accordance of on my inquiry of the pation submitted is to the ting false information, B. Phone No. & no.)	area co

°C

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? If yes, briefly describe the frequency of flow and duration.	☑ Yes □ No
Outfall 003 is the discharge from the heat pumps.	
The heat pumps run continuously during the summer and winter. During the temperatures are more moderate the heat pumps will cycle off and on.	ne spring and fall when
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
N/A	
VII. OTHER INFORMATION (Optional) Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer should be considered in establishing permit limitations. Attach additional sheets, if necessary.	any other information you feel
N/A	
I certify under penalty of law that this document and all attachments were prepared under my direction system designed to assure that qualified personnel properly gather and evaluate the information submitted. persons who manage the system, or those persons directly responsible for gathering the information, the ir my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for s the possibility of fine and imprisonment for knowing violations.	Based on my inquiry of the person or
A. Name & Official Title	B. Phone No. (area code
LTC Timothy R. Vail District Commander	& no.) (509) 527-7700
C. Signature	D. Date Signed

Page 2 of 2

Please print or type in the un	shaded areas only.			, nom nom i di i dim i,	Approval ex	oires 5-31-92.	
FORM 2E SEPA	Faciliti	es W	hich Do	Not Dischar	ge Process	s Wastew	rater
I. RECEIVING WATERS							
F	or this outfall	, list the	latitude and l	ongitude, and name	of the receiving	water(s).	
Outfall	Latitude	Lo	ngitude R	eceiving Water (name)			
Number (list) Deg	Min Sec	Deg	Min Sec				
II. DISCHARGE DATE (If a	new discharger, 05/28/	the date 1969	you expect to be	gin discharging)			
III. TYPE OF WASTE		. ()	· Van die de aus	o.d			
A. Check the box(es) indica	ting the general	type(s) of	wastes discharg	ea.		Other Nonpro	cess
☐ Sanitary Wastes							Identify)
B. If any cooling water add	tives are used, li	st them he	ere. Briefly descr	be their composition if the	nis information is ava	lable.	
		1					
IV. EFFLUENT CHARACT	Provide measu	rements fo	or the parameter	s listed in the left-hand c	olumn below, unless	waived by the per	mitting
authority (see instruc	tions).						1000
 B. New Dischargers – authority. Instead of 	- Provide estima the number of m	tes for the easureme	ents taken, provid	e the source of estimate	d values (see instruc	tions).	3
							or) (4)
Pollutant or Parameter						Measurements	Source of Estimate
	Mas	SS	Concentration	Mass	Concentration	(last year)	(a frew districtinger)
Biochemical Oxygen Demand (BOD)	0.0 lb	s/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00	
Total Suspended Solids (TSS)	23.2 1	os/day	4.3 mg/L	0.03 lbs/day	4.3 mg/L	1.00	
Fecal Coliform (if believed pres or if sanitary waste is discharge		<i>A</i>	As a solution of the parameters listed in the left-hand column below, unless waived by the permitting the parameters listed in the left-hand column below, unless waived by the permitting the parameters listed in the left-hand column below, unless waived by the permitting the parameters listed in the left-hand column below, unless waived by the permitting the parameters listed in the left-hand column below, unless waived by the permitting the parameters listed in the left-hand column below, unless waived by the permitting the parameters listed in the left-hand column below, unless waived by the permitting the parameters listed in the left-hand column below, unless waived by the permitting the parameters listed in the left-hand column below, unless waived by the permitting the parameters listed in the left-hand column below, unless waived by the permitting the parameters listed in the left-hand column below, unless waived by the permitting the parameters listed in the left-hand column below, unless waived by the permitting the parameters listed in the left-hand column below, unless waived by the permitting the permitting the parameters listed in the left-hand column below, unless waived by the permitting the permitting the parameters listed in the left-hand column below, unless waived by the permitting the permitting the parameters listed in the left-hand column below, unless waived by the permitting the permi				
Total Residual Chlorine (if chlorine is used)	0.0 lb	s/day	<0.05 mg/l	0.0 lbs/day		1.00	
Oil and Grease	7.0 lb	s/day	1.3 mg/L	0.01 lbs/day	1 3 mg/T.		, .
*Chemical oxygen demand (Co							
	0.0 lb	s/day	<10 mg/L	0.0 lbs/day		1.00	
*Total organic carbon (TOC)	0.0 lb				<10 mg/L	1.00	
*Total organic carbon (TOC) Ammonia (as N)	9.7 lb	s/day	1.8 mg/L	0.01 lbs/day	<10 mg/L 1.8 mg/L 0.035 mg/L	1.00	
	9.7 lb 0.2 lb Value	s/day	1.8 mg/L 0.035 mg/l	0.01 lbs/day	<10 mg/L 1.8 mg/L 0.035 mg/L	1.00	
Ammonia (as N)	9.7 lb	s/day	1.8 mg/L 0.035 mg/l	0.01 lbs/day	<10 mg/L 1.8 mg/L 0.035 mg/L	1.00 1.00 1.00 1.00	
Ammonia (as N) Discharge Flow	9.7 lb 0.2 lb Value	s/day s/day 450	1.8 mg/L 0.035 mg/l	0.01 lbs/day	<10 mg/L 1.8 mg/L 0.035 mg/L	1.00	

Form Approved, OMB No. 2040-0086.

The framework of flow and duration.	☑ Yes ☐ No
coling water for the emergency diesel generator is only required when is coling water for the emergency diesel generator is only required when is colling water for about 4 hours per year. In the case of a power emergence	t is running. It runs e schedule. The diesel ency the diesel generator
nerator runs for about I hours per lime. uld be run for extended periods of time.	
TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
'A	
TII. OTHER INFORMATION (Optional) Like the space below to expand upon any of the above questions or to bring to the attention of the reviewed	er any other information you feel
Use the space below to expand upon any of the above questions or to bring to the attention of the reviewe should be considered in establishing permit limitations. Attach additional sheets, if necessary.	er any other information you feel
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Use the space below to expand upon any of the above questions or to bring to the attention of the should be considered in establishing permit limitations. Attach additional sheets, if necessary.	er any other information you feel
VIII. CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my direct system designed to assure that qualified personnel properly gather and evaluate the information, the persons who manage the system, or those persons directly responsible for gathering the information, the persons who manage the system, or those persons directly responsible for gathering the information, the persons who manage the system, or those persons directly responsible for gathering the information.	tion or supervision in accordance with a ted. Based on my inquiry of the person o the information submitted is to the best o for submitting false information, including
VIII. CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my direct system designed to assure that qualified personnel properly gather and evaluate the information submit persons who manage the system, or those persons directly responsible for gathering the information, the my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties the possibility of fine and imprisonment for knowing violations.	tion or supervision in accordance with a ted. Based on my inquiry of the person o he information submitted is to the best o for submitting false information, including B. Phone No. (area co
VIII. CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my direct system designed to assure that qualified personnel properly gather and evaluate the information, the persons who manage the system, or those persons directly responsible for gathering the information, the my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties the possibility of fine and imprisonment for knowing violations. A. Name & Official Title	tion or supervision in accordance with a ted. Based on my inquiry of the person o the information submitted is to the best o for submitting false information, including
VIII. CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my direct system designed to assure that qualified personnel properly gather and evaluate the information, the persons who manage the system, or those persons directly responsible for gathering the information, the persons who manage the system, or those persons directly responsible for gathering the information, the persons who manage the system, or those persons directly responsible for gathering the information.	tion or supervision in accordance with a ted. Based on my inquiry of the person on the information submitted is to the best of for submitting false information, including B. Phone No. (area con & no.)

t. N		copy from Item 1 of Form 1)	Approval expir	es 5-31-92.	
	Facilities Which Do	o Not Discharge	e Process	Wastewa	ater
NPDES RECEIVING WATERS					
For th	nis outfall, list the latitude an	d longitude, and name o	f the receiving w	rater(s).	
Outfall Latit	1 25.44	Receiving Water (name)			
Number (list) Deg M	- LE COO				
005 46.0(33	.0(50.0(118.(32.0(25.0	(Snake River	* .		
I. DISCHARGE DATE (If a new	v discharger, the date you expect to	begin discharging)			
	05/28/1969	en e			
II.TYPE OF WASTE	the general type(s) of wastes disch	narged.			
A. Check the box(60) mareans	Restaurant or Cafeteria Wastes	☑ Noncontact Coo	oling Water	Other Nonprod Wastewater (Id	ess dentify)
☐ Sanitary Wastes ☐	s are used, list them here. Briefly de			able.	
authority (see instruction	ovide measurements for the param	listed in the left-hand column I rovide the source of estimated	helow unless waive	d by the permitting ions).	1
Pollutant or Parameter	(1) Maximum Daily Value (include units)	(2) Average Value (las: (include t	t year) units)	Number of Measurements Taken	Source of Estimate (if new discharger,
	Mass Concentra	ation Mass	Concentration	(last year)	
Biochemical Oxygen Demand (BOD)					
Total Suspended Solids (TSS)		('			
Fecal Coliform (if believed present or if sanitary waste is discharged)					
Total Residual Chlorine (if chlorine is used)					7
Oil and Grease					
*Chemical oxygen demand (COD)					
*Total organic carbon (TOC)					
Ammonia (as N)					-
Discharge Flow	Value 1500 GPM	2.16	MGD		
pH (give range)	Value				
Temperature (Winter)		°C	°C		
Temperature (Summer)		°C	°C		
*If noncontact cooling water is dis	scharged				Page 1

Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? If yes, briefly describe the frequency of flow and duration.	☑ Yes ☐ No
If yes, briefly describe the requestly of now are described when they are operated oling water for the main units is only discharged when they are operated when they are operated to the main units is only discharged when they are operated to the main units is only discharged when they are operated to the main units is only discharged when they are operated to the main units is only discharged when they are operated to the main units is only discharged when they are operated to the main units is only discharged when they are operated to the main units is only discharged.	ating.
oling water for the main units is only discharged water	
TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
TREATMENT STSTEM (Decomes 11)	
A .	
OTHER INFORMATION (Optional) The charge questions or to bring to the attention of the review.	ewer any other information you feel
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should be considered in establishing points utfalls 005-010 are substantially identical discharges of non-contact ain unit. ain Unit #1 was not running at time of sampling.	t cooling water from each
witfalls 005-010 are substantially identical discharges of non-contact ain unit. ain Unit #1 was not running at time of sampling. Will. CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my directify under penalty of law that this document and all attachments were prepared under my directify under penalty of law that this document and all attachments were prepared under my directify under penalty of law that this document and all attachments were prepared under my directify under penalty of law that this document and all attachments were prepared under my directify under penalty of law that this document and all attachments were prepared under my directify under penalty of law that this document and all attachments were prepared under my directified personnel property gather and evaluate the information substitute of the property of the property of the property gather and evaluate the information substitute of the property of the property gather and evaluate the information substitute.	rection or supervision in accordance with a mitted. Based on my inquiry of the person
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will. CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my dir system designed to assure that qualified personnel properly gather and evaluate the information persons who manage the system, or those persons directly responsible for gathering the information my knowledge and belief, true, accurate, and complete. I am aware that there are significant penaltic the possibility of fine and imprisonment for knowing violations.	rection or supervision in accordance with a mitted. Based on my inquiry of the person on, the information submitted is to the best of the set for submitting false information, including B. Phone No. (area co
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			15.7	ID Number (co	opy from Item	, , , , , , , , , , , , , , , , , , , ,	Approval ex	pires 5-31-92.	
FORM 2E SEP			es Wh	nich Do	Not l	Dischar	ge Process	s Wastew	ater
RECEIVING WATER	RS							water(s)	
	For this	s outfall,	list the la	atitude and			e of the receiving	Water(5).	
Outfall Number (list)	Latitud	_		gitude	Receiving	Water (name)			- 3.7
D	Deg Min	Sec		Min Sec	Snake	River			
				2.0(24.00					
DISCHARGE DATE	(If a new o	lischarger, 05/28/1	the date y .969	ou expect to	begin discin	iargirig)			
TYPE OF WASTE					aunad				
A. Check the box(es) i				ria Wastes		☑ Noncontact	Cooling Water	Other Nonpro Wastewater (ocess (Identify)
Sanitary Wastes 3. If any cooling water	Ц	- Testaurant	ba	re Priofly de	scribe their	composition if	this information is av	ailable.	
V SEELLIENT CHAR	RACTERIS	rics						a unived by the ne	rmitting
authority (see I	ces — Provinstructions	ride measu).		parameters ents taken, pr		e left-hand colur ource of estima	column below, unless man below, unless waited values (see instr	ived by the permitti uctions).	rmitting ng (or) (4)
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scept for leaks or spills, will the discharge described in this form be intermittent or seasona	¥1 F	Yes		0
was briefly describe the frequency of flow and duration.				
ing water is only discharged when the main units are operating.				
ing water is only				
				Ş.
TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)				
REALMENT OFFICE TO				
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OTHER INFORMATION (Optional) se the space below to expand upon any of the above questions or to bring to the attention of the re	eviewer a	ny othe	r informa	ation you feel
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		ID Number (copy from	Item 1 of Form 1)	Approval expire	I. OMB No. 2040-008 es 5-31-92.	
FORM 2E NPDES	acilities Wh	ich Do No	t Discharge	e Process	Wastewa	ter
DECENTING WATERS				en sking w	otor(s)	
For this	s outfall, list the la		tude, and name of	t the receiving w	aler(s).	
Outfall Latitud Number (list) Deg Min	N	Receivation Sec	ing Water <i>(name)</i>	X		
	0(48.0(118.(32					
DISCHARGE DATE (If a new d	lischarger, the date yo 05/28/1969	ou expect to begin d	ischarging)			
TYPE OF WASTE						
Check the box(es) indicating the Sanitary Wastes	Postaurant or Cafèteri	ia Wastes	☑ Noncontact Co			ess entify)
/. EFFLUENT CHARACTERIST A. Existing Sources — Prov	vide measurements to	r the parameters list	ted in the left-hand col	lumn below, unless v	waived by the pern	nitting
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If yes, briefly describe the frequency of flow and duration. Cooling water is only discharged when main unit #3 is operating.	☑ Yes ☐ No
realing water is only discharged when main white was is of	
OOTTING MACEL IN ONT!	
. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
/A	
VII. OTHER INFORMATION (Optional)	
	any other information you feel
Use the space below to expand upon any of the above questions as should be considered in establishing permit limitations. Attach additional sheets, if necessary.	
N/A	
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VIII. CERTIFICATION	on or supervision in accordance with a
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-con.				es V	Vhic	h D	o Not Discharge	Proces	ss Wast	ewate	r
RECEIVING WA											
	For	this	outfall,	list th	e latitu	ide an	d longitude, and name of	the receivin	g water(s).		
Outfall	La	titude		ı	ongitud	le	Receiving Water (name)				
Number (list)	Deg	Min	Sec	Deg	Min	Sec					
008	46.0(3	3.00	47.00	118.0	32.00	23.0	Snake River				
A. Check the box	***************************************	ng the	general	type(s)	of waste	es disch	arged.		Other N	onprocess	
☐ Sanitary Was	stes [] Re	staurant	or Cafe	eteria W	astes	☑ Noncontact Coo	ling Water		ater (Identify)
3. If any cooling w	ater additiv	es are	used, li	st them	here. B	riefly de	scribe their composition if this	information is a	vailable.		
V. EFFLUENT CH	IARACTER	ISTIC	S								
authority (se	ee instructio	ns).					ters listed in the left-hand colu				
B. New Dischauthority. In	argers — P	rovide numl	e estima per of m	tes for t easurer	he parai nents ta	meters li ken, pro	sted in the left-hand column be wide the source of estimated v	elow, unless wa alues <i>(see instr</i>	ructions).	mitting	
					(1)		(2)		(3)	(or)	(4)

Pollutant or Parameter	(1 Maxir Daily \ (include	num /alue	(2 Average Value (la (include	e Daily ist year)	Number of Measurements	Source of Estimate (if new discharger)	
	Mass	Concentration	Taken (last year)	(If New discharger)			
Biochemical Oxygen Demand (BOD)	0 lbs/day	<2 mg/L	0 lbs/day	<2 mg/L	1.00		
Total Suspended Solids (TSS)	43.2 lbs/day	3.0 mg/L	43.2 lbs/day	3.0 mg/L	1.00		
Fecal Coliform (if believed present or if sanitary waste is discharged)	NA	NA	NA	NA	0.00		
Total Residual Chlorine (if chlorine is used)	0.00 lbs/day	<0.05 mg/L	0.00 lbs/da	<0.05 mg/L	1.00		
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00		
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00		
*Total organic carbon (TOC)	37.5 lbs/day	2.6 mg/L	37.5 lbs/day	2.6 mg/L	1.00		
Ammonia (as N)	0.00 lbs/day	<0.03 mg/L	0.00 lbs/day	<0.03 mg/L	1.00	1	
Discharge Flow	Value 1200	GPM	1.73	MGD	1.00		
pH (give range)	Value 8.00	.9.00			1.00		
Temperature (Winter)		°C	3	°C	0.00		
Temperature (Summer)		21.30 °C		°C	1.00		

MENT SYSTEM (Describe briefly any treatment system(s) used or to be used) RINFORMATION (Optional)	SEATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used) THER INFORMATION (Optional) The space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information under be considered in establishing permit limitations. Attach additional sheets, if necessary.	
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Please print or type in the unsha	ided areas only.	EPA ID Number (co	ppy from Item 1 of Form 1)	Approval ex	ved. OMB No. 2040-0 pires 5-31-92.	
		Which Do	Not Discha	rge Process	s Wastew	ater
. RECEIVING WATERS					water(s)	
Fo	this outfall, list		longitude, and nam		Water(S).	
Outfall L Number (list) Deg	Min Sec De	Longitudo	Receiving Water (name)			
		32.0(21.0(Snake River			
I. DISCHARGE DATE (If a n	ew discharger, the o	date you expect to b	egin discharging)			
III. TYPE OF WASTE						
A. Check the box(es) indicati Sanitary Wastes B. If any cooling water additi	Restaurant or C	afeteria Wastes	✓ Noncontac	t Cooling Water	Other Nonpro Wastewater (
IV. EFFLUENT CHARACTE A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of the	Provide measurements ons).	or the parameters lisurements taken, prov	sted in the left-hand coluvide the source of estimate	mn below, unless waivated values (see instru	ved by the permittinations).	
A. Existing Sources — authority (see instruct	Provide measurements). Provide estimates for the number of measurements.		sted in the left-hand coluvide the source of estima Average Value (incl.)	mn below, unless waivated values (see instruct) (2) rage Daily (flast year) ude units)	(3) Number of Measurements Taken	ng
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A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of the Pollutant or Parameter Biochemical Oxygen Demand (BOD)	Provide measurements). Provide estimates for the number of measurements (i) (i) Mass	or the parameters list trements taken, provents (1) Maximum Daily Value include units)	sted in the left-hand coluvide the source of estimated and	mn below, unless waivated values (see instruct) (2) rage Daily (flast year) ude units)	(3) Number of Measurements Taken	(or) (4) Source of Estimate
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A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of the substitution of Parameter Biochemical Oxygen Demand (BOD) Total Suspended Solids (TSS) Fecal Coliform (if believed pressor if sanitary waste is discharge Total Residual Chlorine (if chlorine is used) Oil and Grease *Chemical oxygen demand (CCC) *Total organic carbon (TOC) Ammonia (as N) Discharge Flow	Provide measurements). Provide estimates fine number of measurements fine number of m	or the parameters lisurements taken, provents	sted in the left-hand coluvide the source of estima Average Value (incl.)	mn below, unless wain ated values (see instruction) (2) (age Daily (last year) ude units) Concentration	(3) Number of Measurements Taken	(or) (4) Source of Estimate

Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? If yes, briefly describe the frequency of flow and duration. Using water is only discharged when main unit #5 is operating.	
ling water is only discharged when main unit #5 is operating.	
t wild want of the used)	
TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
A	
*	
. OTHER INFORMATION (Optional)	and the state of t
	er any other information you leef
Use the space below to expand upon any of the above questions of the string to the should be considered in establishing permit limitations. Attach additional sheets, if necessary.	
ain Unit #5 was not running at time of sampling.	
•	
III. CERTIFICATION	tion or supervision in accordance with a
III. CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my direct	tion or supervision in accordance with a ted. Based on my inquiry of the person or
I certify under penalty of law that this document and all attachments were prepared under my direct	
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system designed to assure trial qualified possible for gathering the information, to persons who manage the system, or those persons directly responsible for gathering the information, to persons who manage the system, or those persons directly responsible for gathering the information, to make the possibility of fine and imprisonment for knowing violations. Name & Official Title	for submitting false information, including B. Phone No. (area code no.)

Please print or typ	oe in the unsh	naded are	eas only.		EPA ID Number	(сору	from Item 1 of Form	1)		proved, OMB No. 204 expires 5-31-92.	0-0086.
FORM 2E S	EPA	Fa	cilitie	es V	Vhich D	1 0	Not Disch	aı	rge Proce	ss Waste	water
I. RECEIVING W	ATERS										
	Fo	r this o	outfall,	list the	e latitude ar	nd loi	ngitude, and na	am	e of the receiving	ig water(s).	
Outfall Number (list)	Deg	atitude Min	Sec	Deg	ongitude Min Sec	Red	ceiving Water <i>(nar</i>	ne)			
010	46.00	33.00	46.00	118.(32.0(21.0	Sn	ake River			3	
II. DISCHARGE D	OATE (If a n		harger, t ./01/1		e you expect to	begir	n discharging)				
III.TYPE OF WAS	TE										
A. Check the box((es) indicati	ng the g	general ty	ype(s) o	of wastes disch	nargeo	d.				
☐ Sanitary Was	stes [☐ Res	taurant o	or Cafet	teria Wastes		✓ Nonconta	act (Cooling Water	Other Nonpro Wastewater	
B. If any cooling w	ater additiv	es are ı	used, list	them h	nere. Briefly de	scribe	their composition	if t	his information is a	vailable.	
authority (se	ources — F ee instruction argers — P stead of the	Provide in a provi	measure estimate:	s for the	e parameters li ents taken, pro 1) mum	isted i	n the left-hand col he source of estim	umr nate (2	olumn below, unles n below, unless wain d values (see instru	ved by the permittin	
Paramet				(include					units)	Measurements Taken	Source of Estimate (if new discharger)
			Mass	-	Concentration	on	Mass		Concentration	(last year)	(" 're" discharger)
Biochemical Oxygen Demand (BOD)						-					
Total Suspended Soli	ds (TSS)										
Fecal Coliform (if belia or if sanitary waste is											
otal Residual Chlorin chlorine is used)	ne (if				e e				, = x		,
Oil and Grease											
Chemical oxygen de	mand (COD)								1		
Total organic carbon	(TOC)		***								
mmonia (as N)											
Discharge Flow		Value		1200	GPM		1.	73	MGD		
H (give range)		Value									
emperature (Winter)						°C			°C		
emperature (Summe	r)					°C			°C		
f noncontact cooling	water is diec	harned									

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? If yes, briefly describe the frequency of flow and duration. Yes	□ No
Cooling water is only discharged when main unit #6 is operating.	•
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
N/A	
VII. OTHER INFORMATION (Optional)	
Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other should be considered in establishing permit limitations. Attach additional sheets, if necessary.	information you feel
Main Unit #6 was not running during sampling.	
VIII. CERTIFICATION	
I certify under penalty of law that this document and all attachments were prepared under my direction or superv system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on persons who manage the system, or those persons directly responsible for gathering the information, the information my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting the possibility of fine and imprisonment for knowing violations.	my inquiry of the person or submitted is to the best of
A. Name & Official Title	B. Phone No. (area code & no.)
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed
JUL -	
EPA Form 3510-2E (8-90)	Page 2 of 2

IV. EFFLUENT CHARACTERISTICS

- A. Existing Sources Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).
- B. New Dischargers Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	(1 Maxii Daily (Include	mum Value	(2 Averag Value (la (include	(3) (1) Number of Measurements Taken (last year)		Source of Estimate (if new discharger)		
	Mass	Concentration	Mass Concentration					
Biochemical Oxygen Demand (BOD)	0 lbs/day	<2 mg/L	0 lbs/day	<2 mg/L	1.00			
Total Suspended Solids (TSS)	1.3 lbs/day	6.2 mg/L	1.3 lbs/day	6.2 mg/L	1.00			
Fecal Coliform (if believed present or if sanitary waste is discharged)	NA	NA	NA	, NA	0.00			
Total Residual Chlorine (if chlorine is used)	0.00 lbs/day	<0.05 mg/L	0.00 lbs/day	<0.05 mg/L	1.00			
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00			
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00		-	
*Total organic carbon (TOC)	0.4 lbs/day	1.9 mg/L	0.4 lbs/day	1.9 mg/L	1.00			
Ammonia (as N)	0.00 lbs/day	<0.03 mg/L	0.00 lbs/day	<0.03 mg/L	1.00			
Discharge Flow	Value 18	GPD	0.026	1.00	,			
pH (give range)	Value 7.00-	-8.00		1.00				
Temperature (Winter)		°C		°C	0.00			
Temperature (Summer)		20.30 °C		°C	1,.00			

Except for leaks or spills, will the discharge described in this form be intermittent or		Yes	☑ No	
If yes, briefly describe the frequency of flow and duration. Ol station transformer cooling water is discharged continuous ransformer is operating. When the transformer is not operation of this unit functions as the primary station transformer combined discharge of T01 and T02 could not be sampled as one.				
TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)				
/A				
II. OTHER INFORMATION (Optional) Lee the space below to expand upon any of the above questions or to bring to the attention	on of the reviewe	r any other	information you feel	
Use the space below to expand upon any of the above questions or to bring to the attention should be considered in establishing permit limitations. Attach additional sheets, if necessary	on of the reviewe	r any other	information you feel	
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Use the space below to expand upon any of the above questions of to bring to the attentor should be considered in establishing permit limitations. Attach additional sheets, if necessary. /A				
VIII. CERTIFICATION I certify under penalty of law that this document and all attachments were prepared to system designed to assure that qualified personnel properly gather and evaluate the info persons who manage the system, or those persons directly responsible for gathering the persons who manage the system, or those persons directly responsible for gathering the persons who manage the system, or those persons directly responsible for gathering the persons who manage the system, or those persons directly responsible for gathering the persons who manage the system, or those persons directly responsible for gathering the persons who manage the system, or those persons directly responsible for gathering the persons who manage the system, or those persons directly responsible for gathering the persons who manage the system, or those persons directly responsible for gathering the persons who manage the system.	under my direction	ion or supe	ervision in accordance wo	-31.0
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FORM 2E NPDES	⇔EP ⁄	A F	acilities \	Which Do	Not Dischar	ge Process	s Was	tew	ater
I. RECEIVIN	G WATERS								
		For th	is outfall, list the		ongitude, and name	of the receiving	water(s).		
Outfall Number (li		Latitu		Longitude R	Receiving Water (name)				
0.1.1	De			(32.0(25.0(5	Snake River				
011				te you expect to be					
			05/28/1969						
III. TYPE OF V	***************************************	licating t	he general type(s) of wastes discharg	ged.				
A. Check the	DOX(es) IIIC					Casling Water	Other N	Nonprod	
	Wastes		Restaurant or Cat		✓ Noncontact C			valer (/c	dentity)
authori	ng Sources ity (see inst	ructions	vide measuremeni).	the parameters liste	s listed in the left-hand column	n below, unless waiv	ed by the pe		
author	ity. Instead	of the nu	umber of measure	(1)	de the source of estimate	2)	(3)	1 (or) (4)
	llutant or		Da	aximum ily Value (ude units)	Averag Value (li (include	ast year)	Number Measurer	rof	Source of Estimate
Fo	rameter		Mass	Concentration	Mass	Concentration	Takei (last ye		(if new discharger)
Biochemical Ox Demand (BOD)			0.0 lbs/day	/ <2 mg/L	0.0 lbs/day	<2 mg/L	1.0	0	
Total Suspende	ed Solids (TS	S)	1.1 lbs/day	7 5.1 mg/L	1.1 lbs/day	5.1 mg/L	1.0	0	
Fecal Coliform or if sanitary wa	(if believed p aste is discha	eresent erged)	NA	NA	NA	NA	0.0	0	
Total Residual chlorine is used			0.02 lbs/da	y 0.072 mg/1	L 0.02 lbs/day	0.072 mg/L	1.0	0	
Oil and Grease	,		0.3 lbs/day	y 1.2 mg/L	0.3 lbs/day	1.2 mg/L	1.0	0	
*Chemical oxy	gen demand	(COD)	0.0 lbs/day	y <10 mg/L	0.0 lbs/day	<10 mg/L	1.0	0	
*Total organic	carbon (TOC)	0.5 lbs/day	y 2.2 mg/L		2.2 mg/L	1.0	0	
Ammonia (as I	V)		0.00 lbs/da	y <0.03 mg/	L 0.00 lbs/day	<0.03 mg/L	1.0		,
Discharge Flov	٧			8 GPM	0.02	6 MGD	1.0	0	
pH (give range)		Value 7.0	00-8.00			1.0	0	

18.40 °C

*If noncontact cooling water is discharged

Temperature (Winter)

Temperature (Summer)

0.00

1.00

°C

°C

Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?	
	Yes 🗹 No
If yes, briefly describe the frequency of flow and duration. O2 station transformer cooling water is discharged continuously regardless ransformer is operating. When the transformer is not operating there is earnsformer is operating.	of whether or not the
ransformer is operating. When the transformer is not specified as a rarely oad. This unit functions as the backup station transformer and is rarely ischarge of T01 and T02 could not be sampled as one. (Both T01 and T02 makes)	operated. The combined se up outfall 011.
	6/14/13-
	101 2 TO 2 7 mi
	6/14/15 - 101 & TOZ go to sup. drai's 50mp.
to (a) mad acta ha wood	3 777
TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
/A	
(I). OTHER INFORMATION (Optional) Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer an should be considered in establishing permit limitations. Attach additional sheets, if necessary.	y other information you feel
should be considered in establishing permit initiations. Attach additional entering	
/A	
III. CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my direction of system designed to assure that qualified personnel properly gather and evaluate the information submitted. By persons who manage the system, or those persons directly responsible for gathering the information, the interpretable of the person of the perso	or supervision in accordance with
TIII. CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my direction of the control of	or supervision in accordance with clased on my inquiry of the person of cormation submitted is to the best of abmitting false information, includin
III. CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my direction of system designed to assure that qualified personnel properly gather and evaluate the information submitted. By persons who manage the system, or those persons directly responsible for gathering the information, the interpretable and helief true accurate, and complete. I am aware that there are significant penalties for such as the persons who manage the system, or those persons directly responsible for gathering the information.	or supervision in accordance with a sased on my inquiry of the person of
III. CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my direction of system designed to assure that qualified personnel properly gather and evaluate the information submitted. By persons who manage the system, or those persons directly responsible for gathering the information, the information my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for such the possibility of fine and imprisonment for knowing violations.	or supervision in accordance with lased on my inquiry of the person of the person submitted is to the best of the

Page 2 of 2

				F	PA ID Numbe	er (copy fi	rom Item 1 of Form 1)	Form Appro	ved. OMB No.	2040-0	086.	
Please print or typ	e in the un	shaded ar	eas only.		. , , , , _ , , , , , , , , , , , , , ,	(Approval ex	pires 5-31-92.			8.1
FORM 2E NPDES	EPA	Fa	cilitie	es V	/hich [N oC	lot Dischar	ge Proces	s Was	tew	ate	r
I. RECEIVING W	ATERS											
	F	or this	outfall, l	list the	e latitude a	and lor	ngitude, and name	of the receiving	water(s).			
Outfall		Latitude		L	ongitude	Rec	eiving Water (name)					2
Number (list)	Deg	Min	Sec	Deg	Min Se	c						
012		1 1					ake River					
II. DISCHARGE D	ATE (If a		<i>charger, tl</i> 5/28/19		you expect	to begin	n discharging)					
III.TYPE OF WAS	***************************************											
A. Check the box	(es) indica	ating the	general ty	ype(s) o	of wastes dis	charged	1.		Other N	lonnroe		
☐ Sanitary Wa					teria Wastes		☐ Noncontact (☑ Wastew)
B. If any cooling v	vater addi	itives are	used, list	t them h	nere. Briefly	describe	e their composition if the	nis information is ava	ilable.			
							7,					
authority (s	ources —	- Provide	measure	s for th	e parameter	's listed	isted in the left-hand coin the left-hand column the source of estimate	n below, unless waiv	ed by the pe			
A. Existing S authority (S	ources —	- Provide	measure	es for th asurem	e parameter ents taken, 1)	's listed	in the left-hand column the source of estimate	n below, unless waived values (see instruct)	ed by the pe	rmitting		(4)
A. Existing S authority (s B. New Dischauthority. In	ources — see instructionargers — instead of	- Provide	measure	s for th asurem (Max Daily	e parameter tents taken, 1) imum Value	's listed	in the left-hand column the source of estimate (2 Averag Value (li	n below, unless waiv d values (see instruct) 2) e Daily ast year)	ed by the pe	rmitting	or)	(4)
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A. Existing S authority (s B. New Dischauthority. In Pollutan Parameters Biochemical Oxygen	ources — eee instruction eargers — enstead of et or eter	- Provide ctions). - Provide the numb	e measure e estimate ber of mea	(Max Daily (includ	e parameter ents taken, 1) imum Value le units) Concent	ration	in the left-hand column the source of estimate (2 Averag Value (li (include Mass	n below, unless waived values (see instruct) e Daily ast year) e units) Concentration	(3) Number Measurem Taken (last year	of pents	or) Source	e of Estimate
A. Existing S authority (s B. New Disch authority. In Pollutan Parame Biochemical Oxyger Demand (BOD)	ources — nee instruct nargers — nstead of nt or eter blids (TSS)	Providections). Provide the number of the nu	e measure e estimate ber of mea Mass	(Max Daily (includ	e parameter ents taken, 1) imum Value fe units) Concent	ers listed provide pro	in the left-hand column the source of estimate (2 Averag Value (1st (includ) Mass 0.24 lbs/day	n below, unless waived values (see instruct) e Daily est year) e units) Concentration 29.6 mg/L	ed by the pertitions). (3) Number Measurem Taken (last yea	of eents	or) Source	e of Estimate
A. Existing S authority (s B. New Disch authority. In Pollutan Parame Biochemical Oxyger Demand (BOD) Total Suspended Sc Fecal Coliform (if be	ources— eee instruction in instead of the contraction of the contracti	Providections). Provide the number of the nu	e measure e estimate ber of mea Mass .24 lbs	es for the asurem ((Max Daily (include)) (s/day)	e parameter ents taken, 1) imum Value le units) Concent 29.6	eration mg/L mg/L	in the left-hand column the source of estimate Averag Value (k (include Mass 0.24 lbs/day 0.04 lbs/day	n below, unless waived values (see instruct) e Daily e Daily set year) e units) Concentration 29.6 mg/L 5.5 mg/L	(3) Number Measurem Taken (last yea 1.00	rmitting (do of eents	or) Source	e of Estimate
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A. Existing S authority (s B. New Disch authority. In Pollutan Parame Biochemical Oxyger Demand (BOD) Total Suspended So Fecal Coliform (if be or if sanitary waste in Total Residual Chloichlorine is used) Oil and Grease	ources— eee instruction instead of the control of t	Provide ctions). Provide the number of the	Mass .24 lbs .04 lbs .NA .00 lbs	s for the asurem (Max Daily (includes / day) // day // day // day	e parameter ents taken, 1) imum Value de units) Concent 29.6 m NF <0.05 <1 m 71 m	ration mg/L mg/L g/L g/L	in the left-hand column the source of estimate Averagy Value (is (included)) Mass 0.24 lbs/day 0.04 lbs/day NA 0.00 lbs/day 0.0 lbs/day	n below, unless waived values (see instructed values (see instructed particle) e Daily set year) e units) Concentration 29.6 mg/L 5.5 mg/L NA <0.05 mg/L <1 mg/L	(3) Number Measurem Taken (last year 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	of teents	or) Source	e of Estimate
A. Existing S authority (s B. New Dischauthority. In Pollutan Parame Biochemical Oxyger Demand (BOD) Total Suspended So Fecal Coliform (if be or if sanitary waste in Total Residual Chlochlorine is used) Oil and Grease *Chemical oxygen descriptions of the sanitary waste in the sanit	ources— eee instruction instead of the control of t	Provide ctions). Provide the number of the	Mass .24 lbs .04 lbs .NA .00 lbs0 lbs	s for the asurem (Max Daily (includes / day / d	e parameter ents taken, 1) imum Value (e units) Concent 29.6 1 5.5 m NA <0.05 <1 m 71 m 24 m	ration mg/L mg/L g/L g/L g/L	Mass 0.24 lbs/day 0.04 lbs/day 0.0 lbs/day 0.0 lbs/day 0.49 lbs/day	n below, unless waived values (see instructed values (see instructed particle) e Daily e Daily set year) e units) Concentration 29.6 mg/L 5.5 mg/L NA <0.05 mg/L <1 mg/L 71 mg/L	(3) Number Measurem Taken (last year 1.000 1.00	of teents	or) Source	e of Estimate
A. Existing S authority (s B. New Disch authority. It Pollutan Parame Biochemical Oxyger Demand (BOD) Total Suspended So Fecal Coliform (if be or if sanitary waste it Total Residual Chlor chlorine is used) Oil and Grease *Chemical oxygen d *Total organic carbo	ources— eee instruction instead of the control of t	Provide ctions). Provide the number of the	Mass .24 lbs .04 lbs .NA .00 lbs .49 lbs	s for the asurem (Max Daily (includes) s/day /day /day s/day /day s/day	e parameter ents taken, 1) imum Value (e units) Concent 29.6 1 5.5 m NA <0.05 <1 m 71 m 24 m	ration mg/L mg/L g/L g/L g/L	Mass 0.24 lbs/day 0.04 lbs/day 0.0 lbs/day 0.16 lbs/day .0003lbs/day	n below, unless waived values (see instructed values (see instructed particles) e Daily set year) e units) Concentration 29.6 mg/L 5.5 mg/L NA <0.05 mg/L <1 mg/L 71 mg/L 24 mg/L	(3) Number Measurem Taken (last year 1.000 1.00	of teents	or) Source	e of Estimate

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19.20 °C

Temperature (Winter)

Temperature (Summer)

EPA Form 3510-2E (8-90)

0.00

1.00

°C

°C

Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?	☑ Yes ☐ No
to the describe the frequency of flow and duration.	
on days when fish sampling is occuring, the anesthetic tank is drained in days when fish sampling is occuring, the anesthetic tank is drained in sampling occurs every other day in April, every day May 1 to August 16, as to October 1. MS-222 is discharged on those days.	nto the river daily. and every other day August
. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
/A	
Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer should be considered in establishing permit limitations. Attach additional sheets, if necessary.	
15222 is used to anesthetize salmonids prior to handling to minimize ris	sk to the fish.
	. 7
I certify under penalty of law that this document and all attachments were prepared under my direction of the control of the c	on or supervision in accordance with a
I certify under penalty of law that this document and all attachments were prepared under my directle system designed to assure that qualified personnel properly gather and evaluate the information submitted persons who manage the system, or those persons directly responsible for gathering the information, the my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for the possibility of fine and imprisonment for knowing violations.	a information submitted is to the best of
A. Name & Official Title	B. Phone No. (area cod & no.)
7, Marilo & Ciliolar Fina	(509) 527-7700
	(309) 327 7700
LTC Timothy R. Vail District Commander	D. Date Signed

t €										- d.	
				EPA ID N	lumber (c	opy from Item 1 of Form 1)	Form Approv	ved. OMB No. 2 pires 5-31-92.	2040-00	86.	
Please print or type in	the unshade	d areas only.					Approval exp	/II G G G G T T ==			and the second
FORM 2E SE	PA F	aciliti	es V	Vhic	h Do	Not Dischar	ge Process	Wast	ewa	ater	
. RECEIVING WAT											
	For the	nis outfall	, list th	e latitu	de and	d longitude, and name	of the receiving	water(s).			
Outfall	Latit	ude	1	ongitud	е	Receiving Water (name)					
Number (list)	Deg M	in Sec	Deg	Min	Sec						
0.20			1	1	1	Snake River					
II. DISCHARGE DA	TE (If a new	discharger 05/28/	, the dat 1969	te you ex	kpect to	begin discharging)					
III. TYPE OF WASTE											
A. Check the box(es	s) indicating	the genera	I type(s)	of waste	es disch	arged.		Other No	noroce	200	
☐ Sanitary Waste	as []	Restauran	t or Cafe	eteria W	astes	☐ Noncontact C	Cooling Water	☑ Wastewa			
											· · · · · · · · · · · · · · · · · · ·
IV. EFFLUENT CHA	APACTERIS	STICS									
A. Existing Sou authority (see	urces — Pro e instruction	ovide meas				sters listed in the left-hand column isted in the left-hand column by ide the source of estimates.	n helow, unless waive	ed by the per	e perm	itting	
				(1)		(2) ge Daily	(3)	(0	r)	(4)
Pollutant o Paramete			Da	aximum ily Value ude units)	Value (I	last year) le units)	Number of Measurements Taken		Source of Estimate (if new discharger	
		Ma	ass	С	oncentrat	tion Mass	Concentration	(last yea	ır)		
Biochemical Oxygen Demand (BOD)		0.0 1	os/day	7 .	<2 mg/		<2 mg/L	1.00			
Total Suspended Solid	ds (TSS)	0.02 1	.bs/da	у 3	.6 mg	/L 0.02 lbs/day	3.6 mg/L	1.00			
Fecal Coliform (if believed or if sanitary waste is	eved present discharged)	N	IA		NA	NA	NA	0.00)		

				Measurements Taken	Source of Estimate (if new discharger)
Mass	Concentration	Mass	Concentration	(last year)	
0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00	
0.02 lbs/day	3.6 mg/L	0.02 lbs/day	3.6 mg/L	1.00	
NA	NA	NA	NA	0.00	
0.00 lbs/day	<0.05 mg/L	0.00 lbs/day	<0.05 mg/L	1.00	
0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
0.2 lbs/day	24 mg/L	0.2 lbs/day	24 mg/L	1.00	
0.03 lbs/day	5.3 mg/L	0.03 lbs/day	5.3 mg/L	1.00	
.0002lbs/day	0.031 mg/L	.0002lbs/day	0.031 mg/L	1.00	
Value 0.52	GPM	0.000	7 MGD	1.00	
Value 7.00	-8.00			1.00	
	°C		°C	0.00	
			°C	1.00	
	Mass 0.0 lbs/day 0.02 lbs/day NA 0.00 lbs/day 0.0 lbs/day 0.0 lbs/day 0.1 lbs/day 0.2 lbs/day 0.03 lbs/day Value 0.52	0.0 lbs/day	(include units) (include units) Mass Concentration Mass 0.0 lbs/day <2 mg/L	Mass Concentration Mass Concentration 0.0 lbs/day <2 mg/L	Mass Concentration Mass Concentration Taken (last year) 0.0 lbs/day <2 mg/L

Page 2 of 2

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VII. OTHER INFORMATION

P 10 m

Lower Monumental Project

Background water samples were taken each of the sampling days. The following results are the high values over the two days:

TEMP	рН	BOD	TSS mg/L	COD mg/L	TOC mg/L	AMMONIA mg/L	OIL/GREASE mg/L	PCB mg/L
°C		mg/L	IIIg/L	1118/ -				ND
18.0	8.00	<2.0	3.3	<5	1.73	0.045	ND	ND

In addition to the outfalls specifically identified in this permit application Lower Monumental Project is addressing the following oil to water interfaces:

- Kaplan Runners. Kaplan runners are part of the turbine that extends into the water in the draft tube. The runner contains turbine oil and can release oil similar to a controlled pitch propeller in vessels. The Project has 6 Kaplan Runners.
- Greased Bushings. Grease is used to lubricate bushings on wicket gates that control the flow of
 water from the scroll case to the turbine runner and other in-water equipment. During the
 lubrication process grease is pushed through equipment and can be released directly to the
 river. The system automatically greases the bushings when the unit is operating per
 manufacturer's specifications.
- Lubricated Wire Rope. Lubricated wire rope is used throughout the Project over water and in direct contact with water and greased based upon the Project's preventative maintenance schedule.
- In-water equipment. In-water equipment, such as bearings, blocks, trucks, and guides, in or above the water is greased based upon the Project's preventative maintenance schedule.